



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 23, 2018

Ms. Nancilee Kennedy, Manager
Bromley Manor
2595 Depot Street
Manchester Center, VT 05255

Dear Ms. Kennedy:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 21, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



PRINTED: 03/02/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0657	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/21/2018
NAME OF PROVIDER OR SUPPLIER BROMLEY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 2595 DEPOT STREET MANCHESTER CENTER, VT 05255		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site survey was completed by the Vermont Division of Licensing and Protection on 2/21/18. The purpose of the survey was to investigate a complaint. The following regulatory violations were found.	R100		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by:	R179	Please See attached R179 - POC accepted 3/22/18 M. Bolton, RN / Sherry PW See next page	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM
Signature

TITLE

(X6) DATE

DQNQ11

If continuation sheet 1 of 4

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>Based on staff interview and record review, the facility failed to assure that new staff were trained in the 7 mandated trainings required by the Vermont licensing regulations prior to providing direct care to residents for 4 of 9 current staff working in the home. This practice has the potential to affect multiple residents of the home. Findings include:</p> <p>Per review of the mandated training records on 2/21/18, 4 of 9 staff who are currently employed at the home did not have evidence of training in the 7 mandated trainings included in the Residential Care home Licensing Regulations of Vermont. Per interview with the Administrator (ADM) and the RN Manager on the afternoon of 2/21/18, staff had received some of the trainings, but not all of the required areas were completed.</p>	R179		
R181 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and</p>	R181	<p><i>See attached</i></p> <p>R 181 POC accepted 3/22/18 M. Bolton, / S. Remy RD</p>	

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R181	<p>Continued From page 2</p> <p>contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to have evidence of completion of Vermont required background checks prior to allowing new employees to work at the facility for 4 of 9 current employees of the facility. Findings include:</p> <p>Per review of a sample of 9 new employee personnel files and training files, for 4 of the 9 files reviewed, there was no evidence of required background checks including the Vermont Adult and Child Abuse Registries and the Vermont Criminal Records checks.</p> <p>The failure to provide these documents was confirmed with the ADM on the afternoon of 2/21/18.</p>	R181		
R266	<p>IX. PHYSICAL PLANT SS=F</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interview, the facility failed to assure that areas of the building</p>	R266	<p><i>See attached</i></p> <p><i>R266 POC accepted 3/22/18</i> <i>M. Bolton RQ / S. Kelly RQ</i></p>	

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R266	<p>Continued From page 3</p> <p>accessible to residents were free of environmental safety hazards. This practice had the potential to affect all residents of the facility. Findings include:</p> <p>Per observations of facility on 2/21/18, based on allegations from a complaint regarding environmental safety risks, the following areas had observed conditions that posed a safety risk to residents of the facility:</p> <ul style="list-style-type: none"> a). During a tour (with the ADM), of an unused wing of the facility accessible to residents/visitors to the home on 2/21/18 at 10:30 AM, hazardous items observed in one of the rooms included a gas canister of some type on the floor, bottles containing an unlabeled liquid chemical, stored in the open, stacks of boards with nails sticking out of them and various metal tools. b). During a tour of the Dementia Unit with the RN MGR, a resident room (the resident was out of the facility for treatment) had 2 containers (glass jar and a cup) containing unknown liquids stored on a table along with a serrated metal knife. The door to the room was not locked and could be accessed by a wandering cognitively impaired resident. <p>Another resident room on this unit had a medicated cream stored in the medicine cabinet in the resident's private bathroom. All medicated creams, biologics etc. must be stored locked at all times, except when being used.</p> <p>The above resident rooms were not secured and these items posed a safety hazard to wandering residents of the unit.</p>	R266		

Bromley Manor
2595 Depot Street
Manchester Center, Vermont 05255
Tel: 802-367-3988
Fax: 802-768-8058

To the Division of Licensing and Protection

Following are typed plans of correction from February 21, 2018.

R179: The staff will receive a minimum of 12 hours training in services per year.

Evidence of staff training has been obtained and documentation is in staff employee files.

Ongoing staff in service training will occur on a monthly basis Corrected by 3/14/2018

R179 POC accepted 3/22/18 m.Bolton, RN / s. Penny, RD

R181: Background checks on employees are complete and in staff files. Most registry checks have come back and there are no registry complaints noted. We have letters of explanation from employees with criminal convictions, references were gathered prior to hire, and we are satisfied with the safety of these staff members. One staff member had a felony conviction, the others were misdemeanors. Corrected by 3/14/2014

R181 POC accepted 3/22/18 m.Bolton, RN / s. Penny, RD

R266: All resident rooms on memory care unit are checked by staff at shift change, occupied as well as unoccupied rooms, to ensure no safety issues occur. Child proof locks have been put on bathroom cupboard doors where all creams, shampoos, toiletries are kept, used only with staff supervision then staff returns to locked cabinet.

All plastic shower curtains have been replaced with cloth shower curtains. Corrected by

3/14/2014 Thank you,

R266 POC accepted 3/22/18 m.Bolton RN / s. Penny, RD

Nancilee Kennedy RN

3/14/2018